

TRANSMITTAL FORM

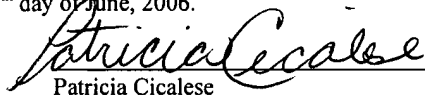
| | |
|---------------------------|------------------|
| Application Serial Number | 10/730,161 |
| Filing Date | December 8, 2003 |
| First Named Inventor | Serra |
| Group Art Unit | 1771 |
| Examiner Name | H. Vo. |
| Attorney Docket No. | MDE-002C1 |
| Patent No. | Not applicable |
| Issue Date | Not applicable |

ENCLOSURES (check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) | <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate) |
| <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] | <input checked="" type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences |
| <input type="checkbox"/> Petition for Extension of Time | <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application | <input type="checkbox"/> Appeal Brief (in triplicate) |
| <input checked="" type="checkbox"/> Second Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations (C1) | <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program | <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 |
| <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Amendment After Allowance | <input type="checkbox"/> Additional Enclosure(s) (please identify below) |

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 5th day of June, 2006.

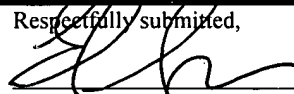

Patricia Cicalese

CORRESPONDENCE ADDRESS

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SIGNATURE BLOCK

Date: June 5, 2006
Reg. No.: 56,834
Tel. No.: (617) 526-9712
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Respectfully submitted,

Erik Saarmaa
Attorney for the Applicant(s)
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| <div style="display: flex; align-items: center;"> <div> FEE TRANSMITTAL FY 2006 </div> </div> | | | | | Complete if Known | | | | |
|---|---------------|-----------------------------------|-------------|---------------|--|-----------------------------|--|----------|--|
| | | | | | Application Serial No. | 10/730,161 | | | |
| | | | | | Docket No. | MDE-002C1 | | | |
| | | | | | Filing Date | December 8, 2003 | | | |
| | | | | | First Named Inventor | Serra | | | |
| | | | | | Group No. | 1771 | | | |
| | | | | | Examiner Name | H. Vo. | | | |
| | | | | | Confirmation No. | 2317 | | | |
| METHOD OF PAYMENT | | | | | FEE CALCULATION (continued) | | | | |
| <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other | | | | | 4. ADDITIONAL FEES | | | | |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3081. <input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit. | | | | | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | |
| <input type="checkbox"/> Applicant claims small entity status. | | | | | 130 | 65 | Surcharge - late filing fee or oath | | |
| FEE CALCULATION | | | | | 50 | 25 | Surcharge - late provisional filing fee or cover sheet | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | 130 | 130 | Non-English specification | | |
| Application Type | Filing | Search | Examination | Fee Paid | 2,520 | 2,520 | Request for ex parte re-examination | | |
| Utility | 300 | 500 | 200 | | 120 | 60 | Extension for reply within 1 st mo. | | |
| Design | 200 | 100 | 130 | | 450 | 225 | Extension for reply within 2 nd mo. | 225.00 | |
| Plant | 200 | 300 | 160 | | 1,020 | 510 | Extension for reply within 3 rd mo. | | |
| Reissue | 300 | 500 | 600 | | 1,590 | 795 | Extension for reply within 4 th mo. | | |
| Provisional | 200 | 0 | 0 | | 2,160 | 1,080 | Extension for reply within 5 th mo. | | |
| <i>Small Entity Discount</i> | | | | | 500 | 250 | Notice of Appeal | | |
| 1. TOTAL | | | | | 500 | 250 | Filing a brief in support of an appeal | | |
| 2. EXCESS CLAIM FEES | | | | | 1,000 | 500 | Request for oral hearing | | |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent. | | | | | 400 | 0 | Petitions to the Director | | |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent. | | | | | 180 | 180 | Submission of IDS | | |
| Total Claims | Extra Claims | | | Fee Paid (\$) | 790 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | | |
| 18 | - 20 or HP= 0 | | | x \$0 = 0.00 | 790 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) | | |
| HP = highest number of total claims paid for, if greater than 20 | | | | | 100 | 100 | Certificate of Correction for applicant's error | | |
| Indep. Claims | Extra Claims | | | Fee Paid (\$) | 130 | 65 | Submission of Terminal Disclaimer | | |
| 1 | - 3 or HP= 0 | | | x \$0 = 0.00 | Other fee (Specify) Request for Continued Examination 395.00 | | | | |
| HP = highest number of total claims paid for, if greater than 3 | | | | | Other fee (Specify) _____ | | | | |
| Multiple Dependent Claims | Fee(\$) | Small Entity fee (\$) | | Fee Paid (\$) | 4. TOTAL: \$620.00 | | | | |
| 360 | 180 | | | | TOTAL AMOUNT SUBMITTED | | | | |
| 2. TOTAL: 0.00 | | | | | (S)620.00 | | | | |
| 3. APPLICATION SIZE FEE | | | | | SIGNATURE BLOCK | | | | |
| If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | Respectfully submitted, | | | | |
| Total Sheets | Extra Sheets | Additional 50 or fraction thereof | | Fee (\$) | Date: June 5, 2006 | | | | |
| -100= 0 | /50= | round up to a whole number | | x = 0.00 | Reg. No.: 56,834 | | | | |
| 3. TOTAL: _____ | | | | | Tel. No.: (617) 526-9712 | | | | |
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